

**Business Owned Life Insurance:
Notice of Intent to Insure and Consent
by Proposed Insured**



Date: _____

Proposed Insured: _____

Maximum Amount of Life Insurance Coverage Applied for: _____ by

Company Name/Employer

Address

City, State, Zip

The Proposed Insured qualified as a:
(Please check all that apply and at least one must be checked)

_____ Director

_____ 5% or Greater Owner of the Company at any time during the preceding year.

_____ Received Compensation in Excess of \$115,000 in the preceding year.

_____ One of the five highest Paid Officers.

_____ Among the Highest Paid 20% of All Employees.

I, _____, hereby have been notified that
Print Name of Proposed Insured

Print Name of Company/Employer

will apply for a Maximum Amount of Life Insurance of _____ on my life and I
Maximum Amount

hereby consent that the Company be the Owner and Beneficiary of any proceeds payable under said Life Insurance Policy on my life during employment or after I terminate my employment or association with said Company/Employer.

Signature of Proposed Insured

Date

Acknowledgement of Signature: I witnessed the Signature of the Proposed Insured.

Print Name and Title

Signature and Title

Date

Employer: Retain in your records. Business owned life insurance may have tax implications. Please consult your tax advisor.

340-1004

9/2013(✓)



340-1004

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AGENT'S REPLACEMENT REPORT

(Must be completed and submitted with the application in the event of replacement)

The following company approved printed and electronic sales material was presented to the applicant: (provide form number and print date or title, if no form number):

All sales material listed above was left with the applicant. In addition, any individualized sales material and any illustration prepared for the applicant, have been left with the applicant and copies have been sent to Sentry with this application.

Agent's Signature

Date

340-351

4/07(✓)



340-351

DOC SCAN



Sentry Life Insurance Company

1800 North Point Drive
Stevens Point, WI 54481
1 (800) 533-7827

IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE

Our agent is recommending that you purchase a life insurance policy from us. In connection with this purchase, you have indicated either as a result of his recommendation or at your own initiative, that you may terminate or change your existing policy issued by our company or that you may obtain a loan from our company against your existing policy to pay premiums on the proposed policy. Any of these actions is a replacement of life insurance. This notice must be given to you. Please read this notice carefully.

Whether it is to your advantage to replace your existing insurance coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and of your existing insurance coverage.

To this end, we are required to give you a Policy Summary including complete information on the proposed policy no later than when the policy is delivered to you. In addition, we will, at your request, furnish you additional information concerning your existing policy. You may want to discuss your purchase with other advisors. The information you receive will be of value to you in reaching a final decision.

If either the proposed policy or the existing insurance you intend to replace is a participating policy you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should also recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which our company could contest the policy because of a material misstatement or omission on your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

CAUTION

If, after studying the information made available to you, you do decide to replace the existing life insurance with our company with a new life insurance policy issued by our company, you are urged not to take action to terminate or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it acceptable to you. If you should terminate or otherwise materially alter your existing coverage and fail to qualify for the life insurance for which you have applied, you may find yourself unable to purchase other life insurance or able to purchase it only at substantially higher rates.

I have received and read a copy of this Replacement Notice.

(Signed) _____ Date _____
Applicant



**EXISTING LIFE INSURANCE POLICIES, ANNUITIES
AND VARIABLE ANNUITIES TO BE REPLACED**

Name of Insured _____

Name of Insurer	Policy/Contract Number	Policy/Contract Effective Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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After we have received your application and notified the other insurance company you will have twenty days from the date the proposed policy is delivered to you to cancel the policy issued on your application and receive back all payments you made to us.

CAUTION

If, after studying the information made available to you, you decide to replace the existing life insurance with our life insurance policy, you are urged not to take action to terminate or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it acceptable to you. If you should terminate or otherwise materially alter your existing coverage and fail to qualify for the life insurance for which you have applied, you may find yourself unable to purchase other life insurance or able to purchase it only at substantially higher rates.

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Date _____



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AND VARIABLE ANNUITIES TO BE REPLACED**

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U.S. Military Personnel Life Insurance Disclosure and Acknowledgement

Name of U.S. Military Personnel (please print)

I hereby acknowledge each of the following statements by placing an (x) in front of each statement.

- _____ I do not reside on any U.S. Military Installation, Federal Land or other Federally Controlled Property.
- _____ I am aware that subsidized life insurance is available to me as a member of the Armed Forces from the Federal Government under the Servicemembers' Group Life Insurance program (also referred to as "SGLI"), under subchapter III of chapter 19 of title 38, United States Code;
- _____ I am aware of the amount of insurance coverage available to me under the SGLI program, together with the costs to me as a member of the Armed Forces for such coverage and prefer to purchase Life Insurance Protection from Sentry Life Insurance Company.

SGLI Death Benefit Available: \$_____ SGLI Premium: \$_____

- _____ The Life Insurance Policy that I am applying for is being offered by Sentry Life Insurance Company and is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the life insurance product being offered.
- _____ I have been informed that if the life policy I am applying for contains a premium loan feature and I do not pay the policy premiums, the cash value of the policy, if any, will be used to pay the policy premium and these loans will be subject to an interest charge.
- _____ I received an explanation of any free look period with instructions on how to cancel if the policy is issued.
- _____ I received a complete copy of the proposed Life Policy's Policy Illustration or Policy Summary which illustrates the policy's projected premiums, death benefits and any guaranteed or non-guaranteed values.

I hereby acknowledge:

Signature of U.S. Military Personnel

Date

Statement and Acknowledgement by Sentry Life Insurance Company Agent:

Name of Sentry Life Insurance Company Agent (please print)

I am Licensed in the State of _____ to sell Sentry Life Insurance Company. I will receive a commission for this product sale from Sentry Life Insurance Company. No other person shall receive any referral fee or incentive compensation in connection with the offer or sale of this life insurance product, unless such person is a licensed agent of the person engaged in the business of insurance that is issuing such product.

I hereby acknowledge as an Agent of Sentry Life Insurance Company:

Signature of Sentry Life Company Insurance Agent

Date

340-539

3/08 (✓)



340-539

DOC SCAN



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City, State, Zip

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(Please check all that apply and at least one must be checked)

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_____ Received Compensation in Excess of \$115,000 in the preceding year.

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hereby consent that the Company be the Owner and Beneficiary of any proceeds payable under said Life Insurance Policy on my life during employment or after I terminate my employment or association with said Company/Employer.

Signature of Proposed Insured

Date

Acknowledgement of Signature: I witnessed the Signature of the Proposed Insured.

Print Name and Title

Signature and Title

Date

Employer: Retain in your records. Business owned life insurance may have tax implications. Please consult your tax advisor.

340-1004

9/2013(✓)



340-1004

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